RECONSTRUCTIVE SURGERY IN NOSE TUMORS

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Introduction. Cutaneous malignancies localized on the nasal pyramid are one of the most frequent non-melanocytic skin cancers with a great psychosocial impact. A predominant pathology of the elderly is distinguished by slow development, with a tendency to ulceration and addressability to medical services in advanced local stages. Reconstruction after oncologic intervention is diverse, locoregional flaps, grafting, and simple direct sutures can be made, the case per se dictating the appropriate attitude. The variables to be considered are location, size of the remaining defect and quality of potential donor areas. The following are also taken into account: reduction of morbidity, increasing quality of life, patient's psychological impact.

Materials and methods. 7 cases of basocellular carcinoma of the nose addressed between 2017-2018 are described throughout an observational analysis based in the Emergency Hospital for Plastic Reconstructive Surgery and Burncare in Bucharest, referred to by various reconstructive methods, depending on the particularities encountered. Locoregional flaps-bilobed, nasogenian, frontal, dorsal nasal – as well as full-thickness skin grafts and simple direct sutures were performed. **Results.** Carcinoma excision was complete and safety margins were confirmed histopathologically. Evolution of postoperative patients was favorable without complications.

Conclusion. There are numerous surgical options for repairing nose defects. Oncological radicality and satisfactory aesthetic and functional outcome are the main objectives in choosing the method. The aims of reconstructive surgery are functionality of the nose, aesthetic appearance with finer scars, preserving the aesthetic subunits of the nose, but also the relationship with the neighboring structures.

Keywords: nasal pyramid, non-melanocytic skin cancers, reconstruction after oncologic intervention